

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 0 1

2. STATE:

North Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(r)(2) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 0

b. FFY 2003 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6-A page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 8a to Attachment 2.6-A page 3

10. SUBJECT OF AMENDMENT:

Eligibility

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David J. Zentner

14. TITLE:

Director, Medical Services

15. DATE SUBMITTED:

December 26, 2001

16. RETURN TO:

David J. Zentner
Director, Medical Services
North Dakota Department of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 2, 2002

18. DATE APPROVED:

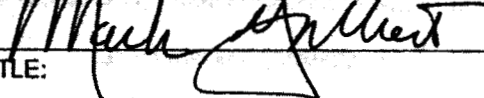
2/6/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOVEMBER 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: December 26, 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT *
(Continued)

X Section 1902(f) State ___ Non-Section 1902(f) State

10. The first \$50 per month of current child support, received on behalf of children in the Medicaid unit, will be disregarded from each budget unit that is budgeted with a separate income level.
11. Reasonable adult dependent care expenses incurred for any incapacitated or disabled adult in the Medicaid unit are allowed as a deduction from income so a caretaker or spouse can work or attend training.
12. For children covered under Section 1902(a)(10)(A)(i)(III) of the Act, the State shall disregard \$1.00 plus the amount of income equal to the difference between 100 percent of the federal poverty level as revised annually in the Federal Register for a family unit and the corresponding State AFDC payment standard for a family of the same size in the determination of eligibility for a family the size of the Medicaid unit involved. (The disregard shall be applied by using 100 percent of the FPL for the appropriate unit size as the income standard.)
13. The cost to purchase or rent a car safety seat for a child through age 10 is allowed as a deduction if a seat is not otherwise reasonably available.
14. Disregard subsidized guardianship payments for children.
15. Disregard payments from the Child and Adult Food Program for meals and snacks to licensed families who provide daycare in their home.

TN No. 02-001
Supersedes
TN No. 01-008

Approval Date 02/06/02

Effective Date 11/01/01
HCFA ID: 7985e